

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-30-04.

I. DISPUTE

Whether there should be reimbursement for CPT code 95861, 95900, 95904 and 95935 rendered on 5-14-03.

II. FINDINGS

1. The requestor withdrew CPT codes 95999 and 95925 from the dispute on 6-23-04.
2. The insurance carrier submitted an untimely response to the request for medical dispute resolution and will not be considered in this decision.
3. On 4-5-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified above. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

The insurance carrier reduced payment for some of the disputed services based upon "H – Reimbursement is based upon half of the fee amount pending decision of audit or review". A peer review was performed by Dr. David Niekamp on 6-14-03 that concluded, "No further DME or diagnostics appears reasonable or necessary in this case. It should be noted the electrodiagnostics noting patient had L4-S1 radiculopathy for an ankle injury. This is a questionable finding and certainly is a test that needs to be evaluated by a neurology peer to determine the appropriateness of this testing." A subsequent EOB was not forthcoming to determine final determination regarding nerve studies; therefore, they will be reviewed in accordance with MFG.

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|---------|---------------|----------|---------|-----------------|---|---|---|
| 5-14-03 | 95861 | \$280.00 | \$70.00 | H | \$200.00 X 70% = \$140.00 | Medicine GR (IV) CPT Code Descriptor | MAR reimbursement of an additional \$70.00 is recommended. |
| | 95900-27 (8) | \$512.00 | \$89.60 | H, N | \$64.00 / nerve X 70% = \$44.80 | | Nerve study report supports testing of Tibial, Plantar, Peoneal nerves bilaterally; 6 X \$44.80 = \$268.80. The difference between MAR and paid = \$179.20. \$179.20 additional reimbursement is recommended. |
| | 95904-27 (12) | \$768.00 | \$22.40 | H | | | MAR reimbursement of 12 X \$44.80 = \$537.60. The difference between MAR and amount paid = \$515.20. |
| | 95935-27 (4) | \$212.00 | \$0.00 | No EOB | \$53.00 / study per extremity X 70% = \$37.10 | | MAR reimbursement for F-wave and H-wave studies performed on lower extremities = 4. 4 X \$37.10 = \$148.40 is recommended. |
| TOTAL | | | | | | | The requestor is entitled to reimbursement of \$912.80 . |

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 95861, 95900, 95904 and 95935 in the amount of **\$912.80**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$912.80** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4th day of October 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division